SUNI-SEA

Key Note
Closing Conference 15 June 2023

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DG Research and Innovation
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Financed by European Union
The SUNI-SEA project
UMCG and international partners

• In three countries: Indonesia, Myanmar and Vietnam
• Collaboration of universities, health institute and non-governmental organisations
• Jan 2019 – June 2023
• In context of GACG for global scaling-up of NCD prevention and control
Contribute to Universal Health Coverage
Increase NCD knowledge, prevention, early diagnosis and treatment

Awareness of risks of diabetes and cardiovascular diseases is low, less than 50% knows risk factors for NCD

Less than 50% of people who have NCD is diagnosed

Few people who are diagnosed get proper treatment

Situation in Vietnam, Myanmar and Indonesia in 2019
SUNI-SEA: create synergies between communities and PHC facilities

Synergies between community-based activities and primary health care services will enhance impact on health
Different approaches in community mobilisation

Intergenerational self Help Groups
- Autonomous community groups
- Community development as primary focus
- Health component strengthened with health promotion, screening NCDs, counselling

Posbindu
- Outreach from Puskesmas (PHC facility)
- Volunteers (cadres) under supervision of professionals
- Community sensitisation
- Screening NCDs, counselling
Phases in the action research project

- **A. Retrospective**
- **B.**
- **C. Prospective**
- **D.**

**Timeline:**
- **Start:** January 2019
- **Year 1:**
- **Year 2 and 3:**
- **Year 4:**
- **End:** June 2023
Phases in the action research project

- Existing intervention
- + Initial scaling-up
- Baseline assessment
- Improved scaling-up
- Follow assessment
- Drawing policy lessons

Start: January 2019
End: June 2023

COVID-19 and Myanmar coup led to implementation time shortened.
SUNI-SEA: scaling up strategy following model Universal Health Coverage

- Increase package of health services in communities and PHC
- Increase coverage to increase reach more people
- Increase quality to improve impact
Comprehensive actions based on analysis in retrospective phase

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Interventions for scaling up NCD prevention and control in communities and PHC facilities

NCD control Programme

Effectiveness
Efficiency
Sustainability

Community

Healthcare Organisation

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- Screening algorithm
- Health education materials
- Clinical guidelines
- Electronic medical records
- Electronic reporting tools

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- Community sensitisation
- Strengthening ISHCs
- Strengthening patient groups
- Sharing results, visualisation
- Posbindu at the workplace

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- Capacity building of volunteers, cadres and primary healthcare staff
- Online training programmes
- Resources mobilisation
- Commitment of decision-makers
Actions in countries based on analysis in retrospective phase

Communities

- Community sensitisation
- Strengthening ISHCs
- Strengthening patient groups
- Sharing results, visualisation
- Posbindu at the workplace
Actions in countries based on analysis in retrospective phase

Healthcare Organisation

• Capacity building of volunteers, cadres and primary healthcare staff
• Online training programmes
• Resources mobilisation
• Commitment of decision-makers
Actions in countries based on analysis in retrospective phase

**NCD programme**

- Screening protocol
- Health education materials
- Clinical guidelines
- Electronic medical records
- Electronic reporting tools
Activities for sustainability of scaling up efforts

• Engagement with local, district, provincial and national authorities for implementation

• Advocacy for inclusion in policy and practice in Indonesia and Vietnam

• Spreading ISHC experiences through HelpAge International
Research conducted

**Baseline and endline survey**
- Representative sample of the target population and control group
- Interviewed twice (2021 – 2023)
- Quality of life questions
- Knowledge, attitudes and practices
- Health seeking behaviour

**Specific research activities**
- Evaluation of training programmes for volunteers and cadres
- KAP and satisfaction surveys users
- Evaluation of functioning ISHCs
- Evaluation of innovative Posbindu
- Evaluation of digitalisation
- Evaluation of scaling-up process
- Cost benefit analysis
We achieved increase in NCD knowledge, attitudes towards prevention, identification of risk factors, and treatment.

- Awareness of risks of diabetes and cardiovascular diseases increased significantly in intervention group.
- Attitudes towards NCD prevention improved (slight behavioural change measured in Vietnam).
- In screening around 30% people with hypertension, 5% with high diabetes risk.
- In Vietnam better diagnosis and adherence treatment.

Results in March 2023.
What were contributing factors to successes and failures?

**Facilitators**

- Relevant existing policies and practices
- Community co-ownership of interventions
- Increased access to health education and screening in communities and work place
- Investment in capacity building of community groups, volunteers and healthcare workers
- Frequent supervision and support by PHC facility staff
- Commitment by decision-makers to support community initiatives

**Barriers**

- Weak systems to build community engagement on
- Time constraints to implement interventions as required
- Insufficient support to volunteers and cadres to maintain capacities for screening and counselling and handle electronic information systems
- Turn-over of staff and volunteers affecting continuity
- Lack of commitment by authorities to invest in community-based systems, bias to curative care
What are the costs (in Vietnam)?

**Costs of ISHCs and PHC**
- US$ 45 per member of ISHC to strengthen club with health component
- US$ 34 per person screened
- US$ 200 per diagnosed case of NCDs

**Costs and savings for health system**
- Initial increase of costs due to detection of new cases US$ 35,000 per ISHC (average 60 members)
- Potential savings due to early detection and avoiding complications US$ 11,400 per ISHC

**Important conditions**
- Synergy between community activities and PHC facilities is necessary. Without follow-up in PHC after community screening there will be no saving
- Quality standards of community activities must be guaranteed to achieve savings
Scaling up NCD prevention and control in decentralised health systems

Devolved governance

*Bottom-up from community to facility to District to Province to National level*

- Planning: health education and screening
- Volunteers: recruitment and retention
- Resources mobilisation from local sources: according to needs
- Management: community participation
- Reporting and accountability

Quality assurance

*Top-down from national to facility and community level in cascade approach*

- Technical guidance based on scientific evidence
- Standards and guidelines for quality of service provision
- Capacity building and continuing professional development
- Supervision and mentoring
Take home messages from the SUNI-SEA action research

• A first paradigm shift is needed: the global community must invest NCD prevention and control in LMICs. A Global Fund for NCDs is needed.

• A second paradigm shift is needed: LMICs need to emphasise health promotion and early detection of risk factors and NCDs in communities and PHC facilities.

• The investments in combined activities in communities and PHC facilities are cost effective if synergy is maintained and quality is guaranteed.
Thank you for your attention

Questions to:

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